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SELECTION OF TWO MEMBER GOVERNMENTS FROM THE REGION OF THE AMERICAS TO MEMBERSHIP ON THE POLICY AND COORDINATION COMMITTEE OF THE SPECIAL PROGRAM OF RESEARCH, DEVELOPMENT AND RESEARCH TRAINING IN HUMAN REPRODUCTION

In 1994 the Special Program of Research, Development and Research Training in Human Reproduction (HRP) celebrates its twenty-second anniversary of working for the improvement of reproductive health of the population throughout the world.

The HRP Policy and Coordination Committee (PCC) is the governing body of the Special Program and makes decisions on matters related to its policies, strategies, finances, organization, management and assesses its impact. The PCC has 32 members and due consideration is given to a regional distribution, keeping in mind the relative importance ascribed to research in fertility regulation in different parts of the world.

There are four categories of Committee members, as follows:

Category 1 is composed of the 11 largest financial contributors to the Program in the previous year. In 1993 the United States of America became a major financial contributor to the program, qualifying for membership under category 1 having resigned its membership of PCC under category 2. Although Argentina, Cuba, Mexico and Venezuela were financial contributors for the 1992-1993 period, none of these countries is a member of this group.

Category 2 is composed of 14 Member States selected by WHO Regional Committees for three-year terms, with one third of the 14 rotating off each year. The Americas Region is entitled to two places. Because of the change of membership category of the United States of America and the expiration of the term of office of Panama on 31 December 1994, the Regional Committee must elect two countries for the period 1 January 1995-31 December 1997. In selecting members, the Regional Committees are asked to take into account financial and/or technical support to the Program as well as interest in human reproduction, as demonstrated by national policies.

Category 3 is composed of two members selected by the PCC from other interested countries and nongovernmental agencies for 3-year terms.

Category 4, permanent members, is composed at the present time of the following organizations: United Nations Development Program, United Nations Population Fund (UNFPA), World Bank, World Health Organization, and International Planned Parenthood Federation (IPPF).

The Pan American Sanitary Conference, as Regional Committee of WHO for the Americas, is requested to select two members for category 2 for the period 1 January 1995-31 December 1997, to replace the United States of America and Panama.

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1. Background Information

1.1 *Program Statement*

The Special Program of Research, Development and Research Training in Human Reproduction (HRP) is structured on the basis of co-sponsorship by the United Nations Development Program (UNDP), the United Nations Population Fund (UNFPA), the World Health Organization (WHO), and the International Bank for Reconstruction and Development, and operates within a broad framework of intergovernmental and interagency cooperation and participation. The Executing Agency is WHO.

The Special Program is a global program of international technical cooperation initiated by WHO to promote, coordinate, support, conduct and evaluate research in human reproduction with particular reference to the needs of developing countries, by:

- promoting and supporting research aimed at finding and developing safe and effective methods of fertility regulation as well as identifying and eliminating obstacles to such research and development;
- identifying and evaluating health and safety problems associated with fertility regulation technology, analyzing the behavioral and social determinants of fertility regulation, and testing cost-effective interventions to develop improved approaches to fertility regulation within the context of reproductive health services;
- strengthening the training and research capability of developing countries to conduct research in the field of human reproduction;
- establishing a basis for collaboration with other programs engaged in research and development in human reproduction, including the identification of priorities across the field and the coordination of activities in the light of such priorities.

The HRP cooperating parties are:

- Governments contributing to Special Program resources; governments providing technical and/or scientific support to the Special Program; and governments with policies designed to address the needs for fertility regulation and family planning for their populations in the context of their overall plans for health care and social and economic development.

- Intergovernmental and other non-profit-making organizations contributing to Special Program resources or providing technical and scientific support to the Special Program.

1.2 *Program Structure*

1.2.1 *Technical*

The Program is organized in four distinct but closely related technical areas:

1.2.1.1 Research and Development

The activities carried out by this area are done by means of a unique multinational and multidisciplinary collaborating mechanism: the task force. Each task force is composed of scientists from different countries working on research under the auspices of the HRP. In the 1992-1993 budget proposal, 47.1 % of the resources were invested in this area.

The Research and Development area is composed of the following four units:

Technology Development and Assessment

In this unit there has been progress in a number of areas.

The *Task Force on Long-Acting Systemic Agents* has completed two phase III trials on once-a-month injectable contraceptives. A meeting on once-a-month injectable contraceptives was held in 1993 and received considerable attention from the media. The meeting concluded that injectable contraceptives given once a month were as effective as longer-lasting injectables such as Depo-Provera, and that the two existing preparations --Cyclofem and Mesigyna--could be added to the existing range of contraceptive methods.

Two trials on mifepristone for emergency contraception had provided encouraging results for the *Task Force on Post-ovulatory Methods for Fertility Regulation* and were published in the New England Journal of Medicine and the British Medical Journal.

In the *Task Force on Methods for the Regulation of Male Fertility*, a five-center study in Indonesia on sperm suppression by combined androgen-progestogen administration was completed; the results are in the process of being published. A 15-center study on contraceptive efficacy of testosterone-induced severe oligozoospermia is ongoing in nine countries.

The *Task Force on Vaccines for Fertility Regulation* has received approval from Sweden to conduct a phase II clinical trial of the prototype anti-hCG vaccine.

The large, seven-country study of the relationship between breast-feeding practices and the duration of lactational amenorrhoea that is being coordinated by the *Task Force on Methods for the Natural Regulation of Fertility* is nearing completion, and analysis of the data will end in 1994.

The effectiveness of the Chlamydia vaccine was demonstrated in a trial in mice carried out by the *Task Force on the Diagnosis and Treatment of Infertility*. The results were published in the *Journal of General Microbiology*.

The *Research Group on Intrauterine Devices (IUDs)* participated in a UNFPA study on the clinical, demographic and economic impact of converting to copper IUDs in China. The Program contributed scientific data on the long-term efficacy and safety of copper IUDs. These unique data come from the numerous long-term studies coordinated and managed by the Program.

Research on the Introduction and Transfer of Technologies

The Program's preparation, Cyclofem, a once-a-month injectable contraceptive, has been approved for use by the Indonesian and Mexican drug regulatory authorities.

Epidemiological Research

The results of two studies carried out in the United States of America on the relationship between prostate cancer and vasectomy reported a slight to moderate increase in the risk of prostate cancer, particularly in men who had undergone the procedure 20 or more years earlier. These results were not evident from other studies. In view of these divergent findings, the Program was planning a multicenter case-control study in developing countries on the risk of prostate cancer after vasectomy, to clarify the situation.

A meeting on DMPA (Depo-Provera) and cancer held in May 1993 attracted considerable media attention. The recommendations of the meeting were published in the WHO *Bulletin* later in 1993 and have already been translated into Spanish and distributed. Joint research with the Global Program on AIDS (GPA) is under way on HIV-1 infection in pregnancy and vertical HIV-1 transmission. A joint initiative by the Program and FHE will evaluate a new antenatal care model.

Social Science Research

Three initiatives on condom acceptability, induced abortion and sexual behavior were either completed recently, or are under way.

1.2.1.2 Resources for Research

This area is organized into regional programs for Africa, China, Asia (except China) and Latin America. It also includes the program for standards and quality control of laboratory procedures. Support includes grants for institutional strengthening, training and maintenance of a network of collaborating institutions. This area has had an impressive development in the Americas in recent years because of its potential for developing countries' capacities in human research. In the 1992-1993 biennium, approximately 23 % of the resources were vested in this area.

1.2.1.3 Statistics and Analysis

This area provides statistical and data processing support for research projects under the responsibilities of the program task forces, collaborating centers and international and national institutions. Approximately 7.1 % of the 1992-1993 budget was devoted to the development of this project.

1.2.1.4 Program Management

This area is responsible for the provision of managerial and administrative support to all program activities. Only 7.3 % of the 1992-1993 budget was earmarked for program management.

HRP's activities are carried out by means of a unique multinational and multidisciplinary collaborating mechanism of task forces and a global network of collaborating research centers in developing and developed countries.

In its capacity as the main instrument of WHO and of the entire United Nations system for conducting, promoting, evaluating and coordinating research on human reproduction, the Special Program collaborates closely with the ministries of health of all Member States. It also collaborates and coordinates its activities with a large number of intergovernmental and nongovernmental agencies and with national and private agencies active in research in human reproduction and related fields.

With respect to its coordinating functions, the Special Program also regularly convenes general coordination meetings with other agencies working in the field; these

frequently promote the participation of scientists actively involved in ongoing research activities.

Among the Program's special responsibilities, mention should be made of its advisory function on ethical issues, patents, drug regulatory issues and the dissemination of information.

1.2.2 *Administrative*

The Forty-first World Health Assembly (1988) adopted Resolution WHA41.9 by which co-sponsorship of the program by the United Nations Development Program, the United Nations Population Fund and by the World Bank, with the World Health Organization as sponsor and Executing Agency, was approved. A number of advantages has accrued to the Special Program as a result of the co-sponsorship, among them the benefits derived from the expertise of the other co-sponsoring agencies and their interaction with Member States, and from having a more secure funding base.

As stated in the memorandum which outlines the administrative structure of the Program, there are three Committees: (a) the Policy and Coordination Committee; (b) the Standing Committee; and c) the Scientific and Technical Advisory Group (STAG). At the moment, the STAG group is composed of 15 Members; three scientists are from the Americas: USA (1), Jamaica (1) and Brazil (1). In this document only the Policy and Coordination Committee is addressed.

1.2.2.1 Policy and Coordination Committee

The terms of reference for the Policy and Coordination Committee (PCC) are as follows:

The PCC is the governing body of the Special Program.

Functions

The PCC shall, for the purpose of coordinating the interests and responsibilities of the parties cooperating in the Special Program, have the following functions:

- Review and decide upon the planning and execution of the Special Program; for this purpose it will keep itself informed of all aspects of the development of the Special Program and consider reports and recommendations submitted to it by the Standing Committee, the Executing Agency and the Scientific and Technical Advisory Group;

- Review and approve the plan of action and budget for the coming financial period prepared by the Executing Agency and reviewed by STAG and the Standing Committee;
- Review the proposals of the Standing Committee and approve arrangements for the financing of the Special Program;
- Review the annual financial statements submitted by the Executing Agency, as well as the audit report thereon submitted by the External Auditor of the Executing Agency;
- Review periodic reports which evaluate the progress of the Special Program towards the achievement of its objectives;
- Review and endorse the selection of members of STAG by the Executing Agency in consultation with the Standing Committee;
- Consider such other matters relating to the Special Program as may be referred to it by any Cooperating Party.

Membership

The PCC shall consist of 32 members (Table 1) from among the Cooperating Parties as follows:

Largest financial contributors (category 1): the 11 government representatives from the countries which were the largest financial contributors to the Special Program in the previous biennium. The only member from the Americas is the United States of America. Although Argentina, Cuba, Mexico and Venezuela are financial contributors, and Chile has pledged its support, none of them belong in this category.

Countries elected by WHO Regional Committees (category 2): 14 member countries elected by the WHO Regional Committees for three-year terms according to the population distribution and regional needs:

Africa	4
Americas	2
Eastern Mediterranean	1
Europe	1
South-East Asia	3
Western Pacific	3

In these elections due account should be taken of a country's financial and/or technical support to the Special Program as well as its interest in the fields of family planning, research and development in human reproduction and fertility regulation as demonstrated by national policies and programs.

Other interested Cooperating Parties (category 3): Two members elected by the PCC for three-year terms from the remaining Cooperating Parties. In 1993 Mexico was elected for the period 1994-1996.

Permanent members (category 4): The co-sponsors of the Special Program, and IPPF.

Members of the PCC in categories 2 and 3 may be re-elected.

Observers

Other Cooperating Parties may be represented as observers upon approval of the Executing Agency, after consultation with the Standing Committee. Observers attend sessions of the PCC at their own expense. Argentina, Canada, Chile and Mexico participated as observers in the sixth meeting of the Policy and Coordination Committee in June 1993.

Operation

The PCC meets at least once a year, and in extraordinary sessions if required, subject to the agreement of the majority of its members. The Executing Agency shall provide the Secretariat.

The PCC shall elect each year from among its members, a Chairperson, a Vice Chairperson and a Rapporteur.

The Chairperson shall:

- convene and preside over meetings of the PCC;
- undertake such additional duties as may be assigned to him or her by the PCC.

Subject to such other special arrangements as may be decided upon by the PCC, members of the PCC shall make their own arrangements to cover the expenses incurred in attending sessions of the PCC.

Procedures

The PCC shall, in its proceedings, be guided by the Rules of Procedure of the World Health Assembly, adjusted as necessary.

In consultation with the Chairperson, the Secretariat shall prepare an annotated provisional agenda for the meeting.

A report, prepared by the Rapporteur with the assistance of the Secretariat, shall be circulated as soon as possible after the conclusion of the session for the subsequent approval of participants.

1.3 *Finances*

The Special Program resources are the financial resources made available to it by governments and organizations through the WHO Voluntary Fund for Health Promotion.

For the most part, the Program is funded from extrabudgetary resources. Although in the early 1980s there was a decrease in the level of funding, since 1985 the Program's income has stabilized approximately at US\$ 46.3 million. For the biennium 1992-1993 the \$59.5 million approved by PCC proved to be optimistic. The current estimated income for the period of \$43 million was \$2.2 million short of the figure of \$45.2 million upon which STAG's recommendation had been based.

The 1994-1995 program budget amounts to approximately \$52 million, which represented an increase of \$6.7 million, or 14.8%, over the revised 1992-1993 budget level. The program is now attempting to focus its activities on those areas in which it is a comparative advantage and in which it is uniquely qualified to carry out research (Tables 2, 3, and Figure 1). For the 1992-1993 biennium, 20 countries of the Region were recipients of \$5,409,033 from the Special Program of Research and Research Training in Human Reproduction (Table 4).

One third of the budget of the program is spent on the expansion and improvement of the resources for research in developing countries. There are many indications that support provided to developing countries has resulted in a greater commitment of the countries to health research and a progressive growth in their capacity to carry out research in the field of human reproduction in general and in relation to their own family planning programs in particular.

The PCC requested that the recommendations from the Mexico International Symposium be properly reflected in the program activities.

PCC's seventh meeting was held 22-24 June 1994.

2. Activities of HRP in the Region of the Americas

The Special Program has supported activities in the Region of the Americas since 1973.

The Special Program's work plan in the American Region is developed and implemented in a very close and fruitful participation and coordination with the Pan American Health Organization. The Maternal, Child Health and Population Regional Program is the focal point for planning and monitoring HRP activities in the Region. Also, other programs, such as Health Policies Development and Women, Health and Development, actively participate. Decentralization of resources for research through the regional sub-committee have proved to be an efficient way to boost the Program's performance and the interest of the countries and researchers in it.

The 1990-1993 Strategy Program for the Americas involved the accomplishment of two main objectives: (a) the preparation of regional and national strategic plans (with priorities identified) for research in reproductive health; and (b) the active promotion of interregional research and training cooperation.

To reach these objectives, the following strategies have been employed.

- Development of regional and national strategic plans for reproductive health research and establishment of regional priorities;
- Evaluation of research productivity and overall impact of the regional centers;
- Strengthening of regional and national research networks, including "twinning" programs;
- Strengthening of research skills in reproductive epidemiology;
- Strengthening of research skills in social sciences;
- Increase of skills in specific areas such as scientific writing;
- Increase of regional self-reliance in the supply of hormone assay reagents;
- Promotion of intraregional training;
- Implementation of activities in the Caribbean subregion;

- Initiation of activities within the WHO/Rockefeller Foundation initiative on technical cooperation among developing countries.

The strategic activities undertaken are described below.

Priorities and strategies for regional and national reproductive research

An in-depth review of the Program's activities in the Region during the past four years was conducted by Secretariat with the collaboration of members of the Americas Subcommittee on Resources for Research. It will be presented to CRR and to STAG in 1994 and will be published in book form by the Program. It complements an in-depth review of the reproductive health situation in the Americas, also conducted by Secretariat. The two documents form the basis for planning and implementing regional activities for the next biennium (1994-1995).

Evaluation of research productivity and impact of the regional centers

The detailed evaluation of the centers' performance for the biennium 1992-1993 was completed. The summary results of the evaluation pertinent to 1993 are presented within the regional research program section of the annual report.

Strengthening regional and national research networks, including "twinning" programs

The program continued to support the Latin American Program of Cooperation and Research in Human Reproduction (PLACIRH), under the auspices of the Latin American Association of Research in Human Reproduction (ALIRH). As PLACIRH plays an important complementary role to the Program's promotion of research and training, funds were also awarded for 1993 to PLACIRH for the administration of intraregional short-term research training grants for researchers working in Program-supported centers.

The Center for Medical Education and Clinical Investigation (CEMIC)) hosted the IX Congress of ALIRH in 1993 in Buenos Aires; during the Congress, a PLACIRH-sponsored Workshop on Research and Research Training in Reproductive Health in the Americas was organized. The opening ceremony included a presentation from the Secretariat on research produced by Program-supported centers. The biannual meeting of directors of regional centers collaborating with the Program also took place as one of the satellite activities of the ALIRH Congress.

"Twinning" programs between centers in Argentina and Guatemala, and between the Reproductive Immunology Unit of the WHO/CRR in Cuba and the Reproductive Immunology Laboratory of the Department of Obstetrics and Gynecology of Harvard

Medical School in Boston, Massachusetts, were strengthened in 1993. In 1994 the center in Lima will also "twin" with the Harvard Immunology Laboratory and with CREP (Rosario Center for Perinatal Studies) in Argentina to create a regional network of reproductive immunology. Ongoing twinning activities between centers in Mexico and Venezuela, and between the Universities of Torreón, Mexico, and Edinburgh, UK, were consolidated during 1993. The center in Campinas is the principal coordinator of the regional network of centers involved in the Task Force-supported introductory trials of Cyclofem.

Strengthening research skills in reproductive epidemiology

Activities are being implemented in reproductive epidemiological research and training programs in five centers from Argentina, Chile, Cuba, Guatemala and Mexico. The regional network for this research is fully operational, and a meeting to assess its program and plan future work was held during the ALIRH Congress in Buenos Aires. Scientists from this network have assisted researchers in Cuba, Panama and Peru to develop protocols relevant to their reproductive health priorities. Centers from Argentina, Colombia and Venezuela are collaborating with the National Perinatal Epidemiological Unit at Oxford, UK, and the WHO Safe Motherhood Initiative.

The Master's Degree course in reproductive epidemiology, begun in Mexico in March 1991 has awarded degrees to students from centers in Argentina, Cuba, Guatemala, Mexico, Panama, Peru and Venezuela. This two-year program consists of a theoretical component at the Mexican School of Public Health in Cuernavaca and the National Institute of Nutrition in Mexico City during the first year, and a second-year research project from the home institution or from other Program-supported research centers.

The biannual tutorial course on Randomized Clinical Trials in Reproductive Health initiated in 1992 at CREP, Rosario, Argentina will be offered again in 1994.

Strengthening research skills in the social sciences

Long-term institutional development programs are being launched by two centers in Argentina and Brazil conducting research in social sciences related to reproductive health. In coordination with the Program's Unit for Social Science Research, the Americas CRR Subcommittee awarded grants to the Center for Population Studies (CENEP) in Buenos Aires, Argentina, and to the Nucleus for Population Studies (NEPO) in Campinas, Brazil. A workshop supported by the technical cooperation among developing countries (TCDC) initiative was organized by CENEP in 1994 to create the regional social sciences network for reproductive health research and research training, which will include Program-supported institutions from Argentina, Brazil, Chile, Cuba,

Mexico, Paraguay and Peru. A pilot testing of the formal training course in social sciences research with students from Cuba and Peru will take place in 1994, and the program will be launched at CENEP in 1995.

Increasing regional self-reliance in the supply of hormone assay reagents

The Cuba-Mexico Regional Reagent Program has produced and distributed reagent kits for the radioimmunoassay of testosterone, estradiol, progesterone, prolactin, FSH and LH. A field trial was initiated in October 1993 to assess the logistics of the distribution phase and collect additional data on the reagents' performance. Scientists from Argentina and Chile are involved in a similar program, in collaboration with the Cuba and Mexico groups. A detailed review of these programs by two members of the Program's Laboratory Methods Group (LMG) took place during the ALIRH Congress in Buenos Aires. The future role and activities, including the phasing out of radioactivity-based methodologies and the introduction of ELISAs for these hormonal assays, was further clarified during the LMG meeting in late November 1993.

Promoting intraregional training

Given the financial constraints of the Program, only four research training grants were awarded in 1993. However, considerable efforts were made between 1990 and 1992 to support staff development programs of the regional centers, awarding over 50 research training grants at a cost of approximately US\$ 900,000. Three of the four grants for trainees from Guatemala, Peru and Venezuela were awarded for the Master's degree course on reproductive epidemiology offered by the School of Public Health, Cuernavaca, Mexico.

A follow-up study was initiated in 1993 of trainees from the Americas region who received grants from 1989 to the present.

Increasing skills in specific areas

Workshops were organized by the Program during 1993 in Brazil and Mexico to improve scientific writing skills. Oriented toward national researchers, this activity is regarded as one of the most important components of the effort to increase research publications.

Implementing collaborative activities in the Caribbean subregion

As a follow-up of the Research Needs Assessment Workshop held in Barbados in October 1992, discussions were held with several international funding agencies to coordinate and co-fund research projects in priority areas for the Caribbean.

Mechanisms such as the technical cooperation among developing countries initiative and the North-to-South collaboration were employed to secure initial funding and provide the technical support required for project implementation.

Activities within the WHO/Rockefeller Foundation initiative

The aim of the TCDC initiative is to support the creation of long-term cooperation between two or more research institutions in two or more developing countries. Funds are provided for coordination activities relevant to research or research training projects, but not to implement the projects themselves.

Several projects from the region of the Americas were approved for funding during 1993 or will receive support in 1994, including: (1) the strengthening of a reproductive health epidemiology network (Argentina, Brazil, Cuba, Guatemala, Mexico); (2) research in gamete and embryo interaction within the female genital tract (Argentina, Bolivia, Brazil, Chile, Cuba, Dominican Republic, Panama, Peru); (3) a regional collaborative program for the use of matched immunoassay reagents (Cuba, Mexico, Panama, Venezuela); (4) collaborative surveys of reproductive health status, women's status and infant mortality (Brazil, Dominican Republic, Mozambique); (5) the strengthening of social science research and research training in reproductive health in the Americas (Argentina, Brazil, Chile, Cuba, Mexico, Paraguay, Peru); and (6) a workshop in the English-speaking Caribbean to develop research proposals in the area of maternal morbidity.

The multicentered composition of all these projects reflects the increasing collaboration that has emerged by encouraging intraregional cooperation of Program-supported centers and national institutions linked to this network.

Regional Research Programs

The evaluation of the centers' performance in the Americas continued in 1993, focusing primarily on research, publications and research training activities implemented during 1992.

During this period, the 18 regional centers conducted 280 reproductive health research projects with complete or partial support from the Program. The majority (56%) are in the general areas of reproductive biology and contraception. These research projects were further classified by source of funding and type of research. Most of the supported studies are oriented to basic science and clinical research (68%). Twenty-six percent of HRP-supported research projects are related to epidemiology and social science aspects of reproductive health, demonstrating the increasing emphasis in this area over the past biennium. The support is matched by funds obtained by the centers from

national and international sources. Of the 280 studies, 117 (42 %) were supported by national sources, 98 (35 %) by WHO, and 65 (23 %) by other funding agencies.

During 1992, 238 original articles, ten review articles, five books, and 45 book chapters were published. More than half (52 %) of the original articles, books and chapters were international publications. Interestingly, 68 % of the 336 research abstracts were presented at national and regional scientific meetings.

Ninety-eight graduates completed research training activities offered by the centers during 1992 in the form of postgraduate courses or short group learning activities (workshops, seminars, symposia, etc.) for staff from other national institutions and in some cases even from abroad. In addition, 91 professionals and technical support staff from numerous national institutions received individual tutorial training in clinical, laboratory, epidemiologic and social sciences methodologies and techniques relevant to reproductive health research.

During 1993, the Program collaborated with 18 institutions in 12 countries of Latin America and the Caribbean, awarding 33 institutional grants and four research training grants. The collaboration occurred in Argentina, Brazil, Chile, Colombia, Cuba, Guatemala, Jamaica, Mexico, Panama, Peru, Uruguay and Venezuela. A complete profile of each country's center and its specific activities is available, both, at HRP, Geneva, and HMP/GDR, Washington, D.C.

3. Action Requested

The Policy and Coordination Committee (PCC) has recommended that the Regional Committees should be responsible for the selection of 14 Member States constituting category 2 for three-year terms of office. The Americas is entitled to elect two governments. Since in 1993 the United States of America became one of the 11 largest contributors to the Program in the 1992-1993 biennium, that Government now qualifies for membership of PCC under category 1 and has renounced its membership of PCC under category 2, and Panama is ending its term of office effective 31 December 1994. The Pan American Sanitary Conference, in its capacity as the Regional Committee of WHO for the Americas, is being requested to select two Member Governments for category 2 of the Policy Coordination Committee from among the Member States of the Region for terms of office extending from 1 January 1995 to 31 December 1997. The elected members will have the responsibility to ensure full participation of the Americas Region in the decision-making process and promoting a major role of the Region in the Program.

The attention of the Pan American Sanitary Conference is drawn to the fact that governments and organizations which have not been selected for membership in the PCC may, subject to prior approval, attend its meetings as observers at their own expense. The Director will be pleased to communicate the name of any such government or organization to the PCC.

Table 1

HRP PROGRAM COORDINATION AND ADVISORY COMMITTEE (1994)**1 Financial Sponsors**

Australia
 Canada
 Denmark
 Finland
 Germany
 Netherlands
 Norway
 Sweden
 Switzerland
 United Kingdom
 United States of America

Total 11**2 Elected Member Countries**

Fiji
 India
 Indonesia
 Panama
 Philippines
 Sri Lanka
 Togo
 Tunisia
 Turkey
 Uganda
 United Republic of Tanzania
 United States of America¹
 Viet Nam
 Zaire

Total 14**3 Interested Governments and Agencies**

Russian Federation
 Mexico

Total 2**4 Permanent Members**

UNDP
 UNFPA
 World Bank
 IPPF
 WHO

Total 5

¹ Resigned in 1994.

TABLE 2
HRP: SUMMARY OF 1992-1997 BUDGETS BY PROGRAM AREA

Program AREA		ESTIMATED OBLIGATIONS (in thousands of US\$)					
		1992-1993 Budget		1994-1995 Proposed Budget			1996-1997 Estimates
		PCC- Approved	Revised (March 1993)	Committed	Uncommitted	Total	
I	Director's Office - Governing and Advisory Bodies	801	786	1,486	1,064	2,550	2,590
II	General Activities	5,150	5,284	4,334	550	4,884	4,534
III	Research and Development	28,035	18,980	16,268	9,879	26,147	27,867
IV	Resources for Research	14,173	9,916	9,101	2,790	11,891	12,721
	- UNFPA Country Projects	2,770	2,150	1,900	-	1,900	1,000
V	Statistics and Data Processing	4,242	3,850	(4,988) ¹	-	(4,988) ¹	(4,988) ¹
		4,342	4,257	4,574	-	4,574	4,674
VI	Administration and Finance						
T O T A L		59,513	45,223	37,663	14,283	51,946	53,386

Source: HRP/WHO

¹Not included in totals. Distributed to other
Program Areas.

TABLE 3
1994-1995 PROPOSED PROGRAM BUDGET BY CATEGORY OF EXPENDITURE
(IN THOUSANDS OF US\$)

Type of Expenditures Program Area	1 Research and Institutional Strengthening for Research	2 Personnel	3 Technical Support	4 Administrative Support	Total
I. Director's Office - Governing and Advisory Bodies	-	1,520	480	550	2,550
II. General Activities	2,050	1,574	1,260	-	4,884
III. Research and Development	21,421	4,726	-	-	26,147
IV. Resources for Research	9,539	2,152	200	-	11,891
- UNFPA Country Projects	1,900	-	-	-	1,900
V. Statistics and Data Processing	-	(3,808) ¹	(1,180)	-	(4,988)
VI. Administration and Finance	-	1,101	-	3,473	4,574
GRAND TOTAL	34,910	11,073	1,940	4,023	51,946
In %	67.2	21.3	3.7	7.8	100.0

Source: HRP/WHO

¹ Distributed to Research and Institutional Strengthening for Research and Administrative Support. Not included in total Personnel costs in this table.

TABLE 4
SPECIAL PROGRAM OF RESEARCH, DEVELOPMENT AND
RESEARCH TRAINING IN HUMAN REPRODUCTION

Obligations from biennium 1992-1993
(in US\$)

COUNTRY	HRP/RfR*	HRP/R&D**	TOTAL
Argentina	246,248	222,860	472,800
Barbados	33,913	-	33,913
Bolivia	1,306	-	1,306
Brazil	275,584	471,194	753,662
Canada	-	12,614	12,614
Chile	332,878	739,606	1,072,594
Colombia	24,617	178,814	204,074
Cuba	239,767	56,895	296,662
Dominican Rep.	-	13,366	13,366
Guadeloupe	30,420	-	30,420
Guatemala	105,018	168,150	273,168
Jamaica	-	137,777	137,777
Mexico	350,234	241,254	598,488
Panama	58,540	5,000	63,540
Paraguay	-	14,790	14,790
Peru	145,164	134,536	279,700
Trinidad & Tobago	5,051	-	5,051
Uruguay	-	15,343	15,343
USA	(26,906)	953,891	989,797
Venezuela	118,068	21,900	139,968
TOTALS	1,939,902	3,387,991	5,409,033

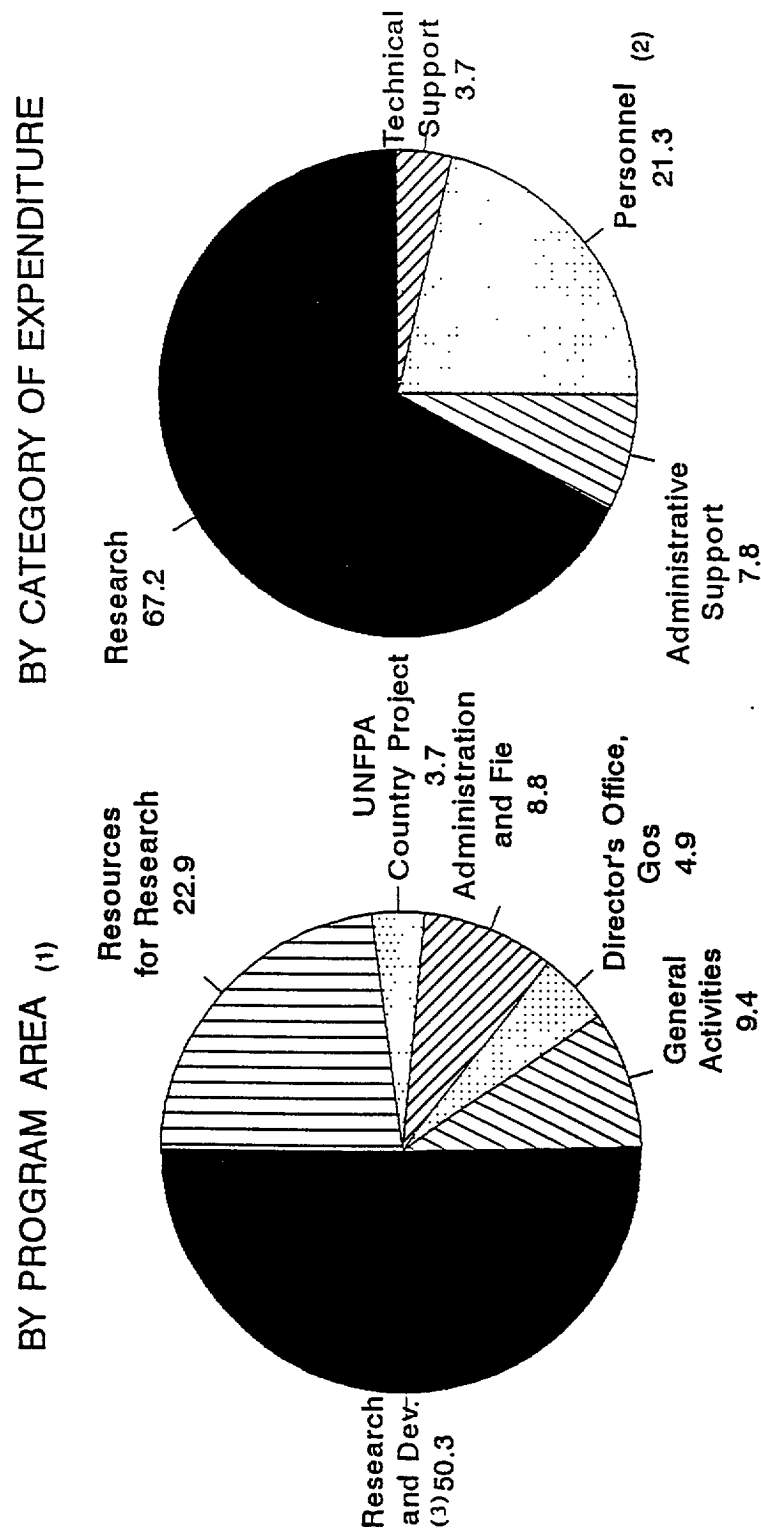
Source: HRP/WHO

* Resources for Research

** Research and Development

Figure 1

Proposed use of 1994-1995 budget, in percentages



Note: (1) Statistics and Data Processing distributed to other Program areas, (2) Excluding staff in the Statistics and Data Processing Unit, (3) Research & Instit. Strengthening for Research.

Sources: Tables 2 and 3

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